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Mothers and Mothering throughout the Life Course

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Parallel Transitions: Mothering an Adolescent While Aging

Mothering in the menopause transition is a significant experience in the life course. Using autoethnography through a feminist standpoint framework, the author places her mothering experiences under the exploration of performing motherhood, intensive mothering, and mothering and aging. The author details how being an older mother going through the physical and emotional changes of perimenopause parallels the developmental changes of her adolescent son. Because dominant discourses define menopause as a sense of loss and motherhood as a youthful endeavour, the author aims to make sense of her role as an aging mother. Through empathy, the author finds a space to mother authentically.

Introduction

My understanding of mothering, the work of nurturing and caring for a child, was initially shaped by my own mother, sister, friends, and peers, whereas my study of motherhood, the social construct describing cultural and societal norms and expectations, evolved through my academic training in sociology. Transcending both was my interest in how women in everyday life mother and navigate institutional discourses of motherhood alongside other identities and responsibilities. As a graduate student researching the lives of low-income single mothers and their positioning in relation to larger institutions, I was not yet a mother myself and was inexperienced in the day-to-day pressures of nurturing and caretaking, particularly without significant resources. Through research, I uncovered the normative, patriarchal discourses regulating maternal experiences through the lives of the mothers I came to know. As Andrea O'Reilly argues, "Patriarchal motherhood ... marginalizes and renders illegitimate alternative practices of mothering" and as a normative discourse "polices all women's mothering and results in the pathologizing of those

women who do not or cannot perform normative motherhood" (58). Falling outside the ideal motherhood script—white, middle-class, married, age-appropriate, and heterosexual—renders many mothers invisible or deviant. While I mostly align with the ideal script of motherhood, having become a mother at thirty-seven and now entering menopause at fifty with a teenage son, my experience does not entirely follow the typical narrative.

Unlike motherhood, which I approached with a strong foundation of research and anecdotal exposure, perimenopause arrived with little preparation or understanding. Despite teaching women and health courses, I encountered a gap in both academic and popular discourse around the menopause transition. Many available narratives focus narrowly on physical symptoms, omitting the broader emotional, psychological, and identity shifts accompanying this phase. My comprehension of what was happening to me physically and mentally came slowly through conversations with my sister (discovering that our own mother rarely talked about her perimenopausal and menopausal symptoms), through reading, and through connecting with other women. As I contemplated my life changes, at the same time trying to understand my teenager's developmental phase, the juxtaposition intrigued me: As I was experiencing an ending of sorts through menopause, my son was entering his own beginning through puberty. We were both navigating major hormonal developmental changes, but while his transformation was framed as a new chapter, mine was culturally coded as decline or loss.

The overlap of mothering a teenager and experiencing menopause, a rarely discussed convergence, left me searching for meaning in both personal and societal contexts. What does this significant shift mean for our relationship, and how do I make sense of this new phase in both our lives as it reshapes my identity as a mother? In this essay, I share personal insights into mothering a teenager through my menopause transition. Using autoethnography through a feminist standpoint framework, I seek to understand my mothering experiences through exploring performing motherhood, intensive mothering, as well as mothering and aging. I suggest that this phase of the life course demands new ways of thinking about mothering and motherhood—ones that centre around aging, reflexivity, empathy, and the emotional labour of change.

Feminist Standpoint

In her numerous works, Dorothy Smith promotes a women's standpoint within "relations of ruling." Ruling institutions, such as patriarchal motherhood, manufacture ideas and discourses structuring how members of society view their social world and also how to evaluate their own experiences. Smith suggests that a "women's standpoint" exposes and challenges the relations of ruling through the embodiment of women's everyday experiences:

"The embodied knower begins in her experience. Here she is an expert. I mean by this simply that when it comes to knowing her way around in it, how things get done ... and all the unspecifiables of her daily doings and the local conditions on which she relies—when it comes to knowing these matters, she is an expert" (Smith 24). In Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment, Patricia Hill Collins presents an understanding of women's experiences that includes the intersection of race, gender, and class in challenging the dominant discourses of Black women. The power of selfdefinition "speaks to the power dynamics involved in rejecting externally defined, controlling images of Black womanhood" (Collins 114). Smith and Collins argue that women have an epistemic advantage because they must understand both the dominant group's norms and their own position to navigate patriarchal discourses and their own lived experiences. Women's situated knowledge deconstructs power in knowledge production and makes room for diversity in perspectives, and when women share this knowledge with one another and with larger society, resisting and challenging social norms become foundations for social change. In this essay, I use women's standpoint as an epistemological framework to situate my experience as a middle-aged, menopausal mother.

Methodology

This scholarly-informed personal essay, a method of autoethnography that is both process and product, explores how my own perimenopausal experience as an older mother to a teenager shapes my mothering perspective and empathy, providing a perspective that challenges the compartmentalization of menopause and mothering. Autoethnography is "research, writing, and method that connects the autobiographical and personal to the cultural and social" (Ellis xix). The process of autoethnography involves analyzing lived experiences that affect the trajectory of one's own life and, as a true ethnographer, evaluating the experience through cultural and social identifications; it conceptualizes personal experience through existing research (Ellis et al. 276). As product, autoethnography illustrates new perspectives on personal experience and uses first-person storylines that engage the reader, although some autoethnographies also use the third person to establish context or report research findings (Ellis et al. 277). Autoethnography is not a grand method seeking universal truth; it is a way to give voice to the changing flows of emotional life and consider personal truths in the context of a wider responsibility to amplify other voices, a method propitious for feminist positioning. By using autoethnography as feminist method, I am "committed to the future of women" (Ettorre, "Feminist Autoethnography" 359), and it is truly my hope that by sharing my middle-age menopausal mothering journey,

I am establishing a relationship with other mothers who will feel validated and empowered to embrace their version of mothering and perhaps even inspire academics to engage in this research.

Elizabeth Ettorre suggests that autoethnography is "ideally suited for feminists who want to be self-reflexive and humble about their positions in the world" (Autoethnography 14); additionally, for me, it is a standpoint to situate my positionality and privilege to engage in this analysis of menopausal mothering. I am incredibly humble, and the examination of my own experience establishes how my truths are my own and how I am making sense of them within certain master narratives of mothering. Yet my positionality as a feminist sociologist in academia privileges knowledge production and dissemination. Furthermore, systems, structures, and institutions sustain a mothering journey supporting my privilege as a white, heterosexual, married, and able-bodied woman. Being an older, perimenopausal mother to a teenager is not especially significant when compared to more urgent or structural inequities many mothers face, such as poverty, systemic racism, or lack of access to healthcare and support. I intend to defy a cultural narrative that idealizes youthful motherhood and frames menopause as a closing chapter while still attending to the relational aspects of mothering. While not defined by crisis, my experience unsettles assumptions about what motherhood should look like and highlights the need for broader, more inclusive understandings of maternal identity across the life course.

Performing Motherhood

Heather Dillaway argues that "Motherwork perhaps never wanes: once women are mothers, they are always mothers, and they are always impacted by mothering ideology" (51). In her study of menopausal mothers, she found that women often prioritize the needs of their children, especially teenagers, over their own health, downplaying or even ignoring menopausal symptoms to uphold the image of the good mother. Talking about their own struggles felt selfish, even inappropriate, as their identities are wrapped up in caretaking. Similarly, Corletta Aririguzo et al. found that many mothers put off healthcare, suffer in silence, and rarely discuss menopause with their children, seeing it as irrelevant or even shameful in the context of motherhood (264).

Jocelyn DeGroot and Tennley Vik highlight how "performing motherhood well is not optional, and the mother must enjoy her experience of motherhood (or appear to) in order to be performing motherhood correctly" (45). Drawing on Goffman's dramaturgy, they highlight how mothers are expected to maintain a polished "frontstage" performance, both in public and online, where they appear composed, fulfilled, and in control. This performance may even be in interactions with mothers' own children. The perimenopausal first-

time mothers in Patricia Ann Morgan et al.'s study reported mood swings, rage, and a loss of emotional control, symptoms that left them yelling and snapping; however, they also felt the need to hide signs of instability from their children to preserve the image of a good mother (5). This reality, or the "backstage," reveals the exhausting, invisible labour of cognitive load and emotional management that sustains the frontstage good mother illusion, which is often the gendered work of nurturing a family. This labour never ends, as mothers rarely get a break from the performance. Unlike fathers, whose contributions are often more visible and celebrated, mothers are expected to manage everything quietly and seamlessly, often without acknowledging their own needs.

I see myself in these findings. I did not talk to my teenage son about perimenopause, a choice I now view as a missed opportunity to foster mutual understanding about the physical and emotional changes we are both navigating. He is likely more open than I have assumed and maybe would have even felt relieved to know my irritability or fatigue was not about him. But instead of naming what I was going through, I tried to hide my mood swings and physical discomfort. Beneath the surface, I was managing self-doubt, a loss of confidence, and frustration with my aging body, feelings that felt too personal, too messy, and too far from the ideal energetic, youthful, everpatient mother. Like the women in Aririguzo et al.'s study, I recognize now that silence can be a form of denial, a refusal to accept what aging represents.

By not sharing my experience, I was performing good motherhood through keeping my emotions in check, squashing down feelings of inadequacy, keeping the focus on my child, and not burdening him with my own needs. There were days I dragged myself through work, parenting, and household responsibilities while dealing with brain fog, joint pain, sudden jolts of irritability, and waves of sadness—symptoms I could not talk about without disrupting the good mother image. This is backstage motherwork: the quiet, constant labour of maintaining stability and prioritizing others, even at the expense of one's wellbeing. As Dillaway maintains, when children's needs take precedence, menopause becomes invisible (48). Yet the work and demands of mothering do not pause just because our bodies are changing; we simply adapt, often in silence, to keep up the performance.

Intensive Mothering

Sara Ruddick defines three demands of maternal practice—preservation, growth, and social acceptability—which are met through love, nurturance, and training (17). A foundation of maternal practice is a commitment to the preservation of a child's life through care and love; this first demand is quickly supplemented by the second demand of nurturing a child's emotional and

intellectual growth. As Ruddick explains, "In the middle-class cultures I know best, mothers who believe that children's development is sufficiently complex to require nurturance shoulder a considerable burden" (20). Despite a child's growth being affected by other people and variables, such as nurturance provided by other members of a child's circle of influence, mothers (often through adherence to societal discourses) consider themselves to be primarily responsible for the healthy (or defective) growth of their child. The third demand of social acceptability occurs through the training of the child to meet the needs of the social group to which the mother is a member (Ruddick 21). The focus is not necessarily on the child's needs but on how the mother actively imparts training strategies to support the child's growth in socially acceptable ways, according to the social group. As with nurturance, the mother is deemed to be solely responsible for creating a human adaptable to the social world.

Ruddick's maternal demands of growth through nurturance and social acceptability through training are exemplified through the concepts of intensive mothering and concerted cultivation. The concept of intensive mothering reveals how maternal thinking and performance are rooted in a demanding ideology that defines good mothering through an unwavering attentiveness to children's needs. Intensive mothering is a commitment of time, financial investment, age-appropriate interaction, energy, affection, and emotional availability of the mother to ensure her children are her sole focus (Hays 54). An extension of intensive mothering, concerted cultivation, is how middle-class mothers "actively foster and assess a child's talents, opinions, and skills" (Lareau 31) through multiple activities designed to enhance social, academic, athletic, leisure, or other activities. Adhering to intensive mothering suggests a constant involvement in and unwavering commitment to nurturing children, often at the expense of the mothers' own interests, feelings, needs, and wants. With teenagers, the heavy time investments take the form of managing academic, social, and emotional development through structured activities and oversight and through the mother's physical and emotional presence, who feels acutely responsible for shaping and guiding their children's wellbeing during adolescence (Milkie et al. 358). Employed mothers are still expected to be responsible for their children's wellbeing even when not physically present (Milkie et al. 357). This "extensive mothering" requires thought and planning in assuring adherence to children's needs and wants and may induce stress and guilt in the mother for not living up to the intensive mothering ideology.

Although I strive for a balanced and nonprivileged approach to mothering, where I push back against the demands of maternal practice, they still sneak into my daily life, especially in trying to understand the new life phase of my teenage son. I read parenting books constantly to make sure I was not "messing him up." I researched nutrition and healthy physical and emotional

development for adolescents. I questioned whether he was enrolled in intellectually appropriate classes or involved in the right activities. Due to dominant discourses that suggest a mother is the sole influencer in the healthy or deficient growth of a child, I often felt guilty when I was not actively doing something that revolved around my son's welfare, even though I truly knew better.

Being in midlife, I thought about my own social positioning and the nurturance and training I received. With my teenager's movement into adolescence, and my transition into menopause, I began to reflect more upon my own adolescence and the life events that perhaps I never fully processed, revealing my insecurities that affected my self-confidence to mother in the moment. I also began to grieve. I grieved for my mother and how I tested her. I grieved for myself and who I once was and who I wanted to be. With menopause defined as a sense of loss, I was feeling unfulfilled, and that time to redefine myself was running out. I was regretting unhealthy decisions and revisiting paths I never took, projecting my hopes onto my son's boundless potential. I was grieving parts of myself I had not realized I would lose. And in the midst of that grief, my son sometimes pulled away from me in the normal, developmental ways teenagers do, which felt like rejection. In following some intensive mothering discourses, such as my concern about his development and growth, I was missing opportunities to be a truly authentic mother who practices kindness and empathy and finds joy in the basic connection of a human relationship.

I was not being kind to myself as I went through my transitions, which affected my ability to be empathetic to his own. Empathy takes practice, and it is especially hard to engage in it if we do not extend it to ourselves. In acknowledging and accepting what I was going through, I was better able to place both of our experiences in context. Although I may not have vocalized our similarities in changing physical and emotional development, I was engaging in the thoughtful process of perspective-taking and validating experiences as they were without judgment. Mothers are complex, and even though intensive mothering suggests an unyielding attention to children's needs and wants, I realized it is so important for mothers to pay attention to their own, particularly as they experience significant life course transitions.

Mothering and Aging

The expectations around performing motherhood and adhering to the intensive mothering discourse are demanding, no matter where mothers are in the life course; they rarely account for a mother's own evolving self through a changing body and identity and emotional landscape. While youthful discourses of motherhood are perpetuated, the reality is that many women are

having children in their late thirties and early forties,² and life transitions during this time, such as pregnancy, motherhood, perimenopause, and menopause, can trigger vulnerability and demand adaptation (Morgan et al. 2). First-time perimenopausal mothers, aged thirty-nine to forty-seven, in Morgan et al.'s study compared themselves to younger mothers, attributing their low energy and fatigue to their age. As Victoria Team writes in her essay on midlife burnout, "My sense of normalcy during this period diminished when I compared my health and mothering capabilities in midlife to my earlier years" (153). Team's "perimenopause burnout" involved a "discordance between my enthusiastic self and my weak body" (152). Not only were hormone changes to blame, but also Team's multiple roles as a mother, worker, and caregiver, which left her little time to engage in self-care. Hormonal shifts and multiple roles affect midlife burnout, as well as the immense social and structural pressures around balancing careers, caregiving, identity, and the reality of the antipathy towards the aging woman.

In a culture that equates youth with value, older women are often judged as less relevant, less competent, and less worthy simply because they are aging. The pressure to retain a youthful appearance persists despite hormonal changes that may contribute to weight gain and visible and normal physical changes, such as loss of skin elasticity, wrinkles, or grey hair. Women aged fifty-four to seventy-six in the study by Shlomit Lir and Liat Ayalon (260) discussed their various attitudes towards appearance in their older age. Despite being "educated, feminist, activist, and gender-conscious" (267), many of the women experienced sorrow and grief, self-dislike, and a sense of loss in losing their youthful appearance (261). They felt a disconnect with their outside appearance not representing their younger inner self, internalizing self-ageism (262). While aging women experience these changes in physical appearance and energy, possibly depleting their emotional stability, they also experience the pressure to fit the idealized discourse of motherhood.

As a first-time mother at thirty-seven, I was ready, and I was full of energy and excitement to mother a newborn. I was healthy physically and emotionally, and joyful to engage in my new purpose and challenge. Through his toddler years and early childhood, I continued to feel a zest for life, enjoying all the new things my son and I were learning together; his natural childhood curiosity fuelled my love of learning. When I stopped dying my hair and let it go grey, I did not think anything of it, even when I had been mistaken for my son's grandmother. We were still having fun, and I was confident in my work and mothering role. But when entering and experiencing perimenopause, I started to feel a decline in how good I felt about myself. The COVID-19 pandemic brought many of us to an online space of video meetings, and it was in one of these meetings that I became dissatisfied with my appearance. All I could see were forehead lines, crow's feet, sagging cheeks, and dull grey hair.

The grey hair did not bother me before, but it was now physically marking me as an older woman and a mother, deviating from the youthful maternal image. For me, perimenopause triggered more anxiety and depression than postpartum ever did. My aging body, shifting hormones, sleepless nights, unfamiliar symptoms—such as ovulation pain, tingling hands, and hot flashes—left me feeling disoriented and disconnected from who I had been. Like Mary in Aririguzo et al.'s study, I often felt like I did not know who I was anymore: "I just don't know how to control the emotions ... I feel like I'm useless ... then I throw myself a pity party" (qtd. in Aririguzo et al. 267). I was feeling the loss of youth, and it was affecting how I felt about mothering.

While my teenager grew stronger and more independent, I felt like I was shrinking—literally and metaphorically. There is a strange irony to parenting a teenager while your own body is in hormonal chaos. I was trying to model strength and stability, but I was dealing with unpredictable cycles, bloating, brain fog, and a growing sense of physical and emotional depletion. Gone were the physical demands of toddlerhood, but now came the mental load of scheduling activities, keeping up with a fast-moving teenager, and worrying about his mental health while silently questioning my own. Perimenopause was not just challenging my body; it was pushing up against my identity as a woman and as a mother, still trying to feel vital and relevant. The loss of control over aging, and the shame in feeling bad about it because my concerns seemed unwarranted among more significant mothering challenges, left me emotionally depleted. For me, my grief was about no longer fitting the image of the ideal mother: the upbeat, energetic, working mom who still finds time to find joy in all the things she does.

As I continued to experience what I felt were shortcomings, which were simply natural aspects of aging and mothering, I found it imperative to be open about these feelings with other women. Sharing conversations, laughter, tears, and mutual frustrations with my friends and sister about the physical symptoms and emotional upheaval of perimenopause was vital for my wellbeing. Even honest admissions like "My gosh, did someone just crank up the heat" in encounters with similarly aged acquaintances minimized the stigma around the menopause transition, opening up a path for honest and supportive connections. Being frank about how our children make us feel and suggesting and acting upon ways to prioritize our needs provide a space for mothers to support one another. Whether through academic studies or kitchen table talk, information and exchanges validate our experiences and push back against the narrow cultural scripts defining motherhood and perimenopause and menopause. Motherhood and menopause are not mutually exclusive; they coexist in ways that deeply shape our wellbeing (Dillaway 43). And as I reflect upon my own experiences through the lens of research on performing motherhood, intensive mothering, and aging as a mother, I suggest we not be

silent about our emotional, physical, and psychological realities. The dominant representations of motherhood rarely make space for living through our complexities, but we carry on. We endure and adapt, and in perimenopause and menopause, we mother through the chaos happening within our own bodies. This significant transition is not just something to survive—it is a chance to redefine. As Aririguzo et al. suggest, we can use this phase to renegotiate our relationships with ourselves and others, reclaiming womanhood and motherhood on our own terms (271).

Conclusion... For Now

Mothering is not a static endeavour; it is an ever-changing, evolving practice shaped by historical, cultural, and structural forces across the life course. As scholarly research and lived experiences indicate, motherhood intersects with numerous variables: race, class (access to resources), age of mother, age and number of children, sexuality, religion, environment, relationship to a partner or spouse, and gendered expectations. It is a profoundly social and deeply personal role, in which it is not known how we will cope with the changes, uncertainties, and challenges of mothering until we are experiencing them. From the early stages of caregiving to the shifting roles in later life—such as navigating the teenage years, maintaining love and care for adult children, grandparenting, other-mothering, and experiencing other transitionsmothering continually reflects broader societal values while also redefining them. Understanding mothering across the life course reveals individual and collective truths through transformations and adaptations from the accumulation of experiences over time, showing that mothering cannot be separated from the social context in which it unfolds.

At a personal level, mothering means negotiating between ideals and realities, between the culturally constructed notion of the "good mother" and the day-to-day complexities of care, labour, and identity. As life continues, our understanding of what it means to be a mother and to be mothered adapts and reflects our lived experiences, suggesting our mothering journey is rarely linear or predictable. Instead, it is textured with love, guilt, joy, pain, resilience, and transformation. A mothering handbook does not exist, nor should it. Depending on who we are and what stage we are in our life course, we are capable of defining our own motherhood.

Through my menopause transition and embrace of the changes in my teenager's development, I continue to work on identifying who I am and my role as a mother. I am concerned about the future for both of us (albeit for different reasons), but I work to be as present as I can be and to practise empathy for both of us. The hormone changes during perimenopause were significant, affecting my mental health and making me reframe who I am as a

woman and mother, and I know I am not done. I am not in a time of loss as menopause suggests, but a time of renewal and a way to reestablish a different type of relationship with myself and my son—one that will change again as we both grow.

Mothering cannot be understood outside of its relational core; we care for and love our children, and our relationship with them shapes who we are and who we become. While writing this essay, I emotionally connected to the story of Kyrylo Illiashenko, a thirteen-year-old Ukrainian boy who helped rescue passengers, including his mother, from a burning bus after a Russian missile attack. In the chaos, mother and son were separated. Even as he sensed the bus might explode, Kyrylo broke a window, escaped, opened the door, and began pulling people out. "I kept looking for my mom," he said (qtd. in Kakissis). Those words brought me to tears. His instinct to search for her, to be reunited with her, captures the deep, unspoken bond between mother and child—one built over years of presence, love, and care.

I told my own son this story on the way home from school; car rides are well-timed for brief but important conversations. With tears in my eyes and a trembling voice, I described what Kyrylo had gone through, and I said how unfair it was for a boy his age to experience the atrocities of war and to be faced with such a crucial decision. I told him how heartbreaking it would be to be separated like that and how much I loved him. I reached over and patted his knee. In that moment, I was not performing motherhood or striving for an ideal. I was simply mothering from a place of connection and truth, authentic mothering with empathy and presence. And in this phase of our lives, when so much feels uncertain and in transition, these small, honest moments of connection remind me of the true meaning of motherhood.

Endnotes

- 1. I informed my son that I was writing this piece about mothering and motherhood that included him and some of our experiences. I asked him if that was okay. He said, "cool." Consent and permission granted.
- 2. The CDC reports that the birth rate rose for women ages thirty-five to thirty-nine by 3 per cent and for women aged forty to forty-four by 4 per cent from 2023 to 2024. The birth rate for women aged forty to forty-four has risen almost continuously from 1985 to 2024 (Hamilton et al. 3).

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